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ABSTRACT

The document outlines a curriculum to train allied health professionals to work with families of developmentally disabled children. The curriculum contains six modules: an overview of developmental disabilities, social competency, independence training, nutrition education, health and safety, and human sexuality. Outlined for each module are its purpose, concepts, a goal, objectives, performance objectives, major concepts of the objectives, teaching-learning experiences, key words, activities to be used for evaluation, and resources. (SBH)

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Curriculum Outlines for College Programs For Persons in Health Fields Serving the Developmentally Disabled

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Table of Contents

Introduction.....1

Module I: Developmental Disabilities: An Overview.....5

Module II: Social Competency.....15

Module III: Independence Training.....26

Module IV: Nutrition Education.....34

Module V: Health and Safety.....44

Module VI: Human Sexuality.....55

CURRICULUM OUTLINES FOR COLLEGE PROGRAMS FOR PERSONS IN THE HEALTH FIELDS SERVING THE DEVELOPMENTALLY DISABLED

Introduction

Students in the health fields all too frequently are given a text book, listen to lectures, engage in questions and a dialogue, and may visit a few hospitals or related facilities before completing the course of studies.

The content of the following curriculum "has a better idea" in proposing performance objectives, suggesting concepts, listing key words, and preparing teaching-learning experiences to turn out more proficient workers. Such a program appears to have mutual benefit to students and teachers.

The purpose of these curricula, of course, is to train allied health professionals of educators to work with the families of children who have a developmental disability. The latter is defined as persons who are handicapped by mental retardation, cerebral palsy, epilepsy, autism, or a severe learning disability.

The principal beneficiary of the program is the family, which in turn is more competent to help the developmentally disabled child to cope better with his environment. Secondary benefits may accrue to staff in public and private agencies who work with the families of these disabled individuals by becoming aware of the type of curricula, the content, and the methodology. Conceivabley, the instructor or the student could provide a lecture for an agency's in-service training program, taken from the curriculum outlined here.

The course of studies embraces 5 major areas of concern in the lives of the family and the individual: Social Competency, Independence

Training, Nutrition Education, Health and Safety, and Human Sexuality. Each of these modules contains the following format as a guide for instruction:

Purpose

Concepts

A Goal

Objectives

Performance Objectives

Major Concepts for the Objectives

Teaching-Learning Experiences

Key Words

Activities to be Used for Evaluation

Resources -- Books, Articles, Films

The completion of training under this format will provide the student with good basic skills to work with the families entrusted to his/her care. But, it alone is not enough. It cannot exist in isolation from other parts of the college curriculum. One knowledgeable professor of education states:

> "Competency-based education assumes that persons in training will engage in a flexible instructional program designed to allow individuals to develop and acquire the skills, knowledges and attitudes necessary to meet the designated exit criteria. In order to legally utilize these modules, one must examine the state and college certification requirements, the possibility of integrating these modules with existing courses, and/or consideration of designing a model for program development (special program) entitled Family Education for the Developmentally Disabled.

Many colleges at both the 4 year AB level and the 2 year AA level offer courses in "Human Services", "Child Development", "Mental Health", etc. None offer to the extent of the modules contained in this book, and the incorporation of these into the course just suggested.

There is nothing quite so dull as a textbook with pages of theory and concepts. These are necessary for the foundation of principles and subsequent courses of action. What makes these come alive is when the real world, the neighborhood community, comes into the classroom by way of actual live experiences.

The arena of human services is rife with examples of what takes place daily in almost every community. The skill of the instructor lies in incorporating these activities meaningfully into the presentation to empahsize a point, or to provide an example. These would include such things as: (1) cooperative relationships between school and home activities; (2) an inter-disciplinary conference involving a family with a multiply handicapped child; (3) recreational self-help family programs; (4) what happens when an agency's funds dry up -- and what steps are taken to obtain services; (5) the ethnic community, and how does one handle the lack of bi-lingual staff and the cultural barriers that exist; (5) the effective use of volunteers to augment programs, etc.

Instructors need a ready supply of human interest problems and practical solutions as a guide to the students. What comes to mind are examples such as : (1) the worn-our mother who needs a rest from the demands of an emotionally disturbed cerebral child (respite care for a week-end in a regional center or foster home; (2) the parents of a newborn infant with mental retardation who are advised to "put the idiot away" (counseling and guidance); (3) the father who refuses to let his 25 year old daughter take the bus to a sheltered workshop for training and employment (counseling for his fears and help for the daughter); (4) the teen age young man who has trouble convincing his parents to let him go out to dances and "date"; (5) the mother who has problems

with explaining to her daughter the "dangers" of going out with boys; (6) the parents whose daughter must leave her group home and live in an apartment with a promiscuous mildly retarded girl her own age; (7) the older parents who still keep their 35 year old son at home, refusing to let him go out for employment and live in a group home.

Anyone who has worked with the developmentally disabled for any length of time has many experiences to share with students.

Each community has its own store of resources to serve the handicapped. The instructor needs to advise his students how to obtain a list of agencies or to compile his own directory of services with key people in each to whom he can direct a call for help, or to refer the client. In addition, the student needs to be aware of the "system", and to work with his families to understand and know how to use the "system" to obtain the services needed for the handicapped child.

As mentioned earlier, public and private schools may find value in this program of training, as well as a wide range of human service providers among agencies, groups and organizations. Others who will find the content helpful and informative are consulting firms and the individuals who develop special educational projects for the handicapped. These modules could easily apply to the non-handicapped, for they are basically geared to general human development.

This publication, then provides us with the basic tools (curriculum) to do the job intended. It needs only the skill of the competent instructor to guide and lead willing students, the resources of the community to fill in the gaps of service, and the cooperation of the family to complete the training so that the child may be more aware of himself and the world in which he lives.

Developmental Disabilities

An Overview

Course Description

Purpose: This course will provide an overview of the developmental disabilities and the characteristics associated with each. The various handicapping conditions include mental retardation, epilepsy, cerebral palsy, autism, dyslexia, and learning disability. Current issues associated with developmental disabilities should provide a complete background for the student.

Concepts:

1. To provide a working knowledge of the developmental disabilities by a discussion of the diagnoses, causes, interdisciplinary approach to the planning and treatment interventions, and the role of community resources in implementing the plans for each of these disablements.

2. To provide a discussion of the many disciplines involved and how each profession functions in the diagnosis, planning and treatment areas.

3. To show how parents, once trained, can work effectively alone, or in cooperation with a professional, to carry out a treatment program for the disabled child in the home setting; also, how the parent can train other members of the family to assist in the training of the handicapped member.

Curriculum Module One: Developmental Disabilities

Objective One

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristic of each category and the effect upon the individual and the family.

Objective 1.0: Student will recognize causes and characteristics of mental retardation.

Performance Objectives:

1.1 Student will define and discuss the causes of mental retardation.

1.2 Student will discuss the characteristics of mental retardation.

Major Concepts:

I. Definition of Mental Retardation

II. Causes of Mental Retardation

- A. Defects of developing embryo
- B. Deprivation in early childhood
- C. Disease of nervous system
- D. Toxins or poisons
- E. Brain injury early in life

III. Characterists of Mental Retardation

- A. Intelligence Quotient
  1. Mild
  2. Moderate
  3. Severe/profound
- B. Adaptive Behavior
  1. Mild
  2. Moderate
  3. Severe/profound
- C. Behaviors and Sensory Development
  1. Motor skills
  2. Social skills
  3. Language skills

Teaching/Learning Experiences:

1. Lecture/discussions
2. Readings
3. Field trips to homes or classes for retarded individuals
4. Entertain a panel of parents whose children are retarded.
5. Ask for films or literature from local Association for Retarded Citizens.
6. Observe local Special Olympics clinics or Games.

Key Words:

mental retardation
down's syndrome
mild
moderate
severe/profound
individual habilitation plan

12

Curriculum Module One: Developmental Disabilities

Objective One

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristic of each category and the effect upon the individual and the family.

Activities Which Can Be Used for Evaluation:

1. Describe differences in mentally retarded children who are moderately retarded and severely retarded.

2. Discuss causes of mental retardation.

3. Interview a parent of a mentally retarded individual for reactions, feelings, problems, highlights of raising a handicapped child.

Resources:

Chinn, Philip C., Clifford Drew and Don Logan. Mental Retardation: A Life Cycle Approach. St. Louis, MO: C.V. Mosby Co., 1979.

Edgerton, Robert B. The Cloak of Competence (Stigma in the Lives of the Mentally Retarded). Berkeley, CA: University of California Press, 1967.

Koch, Richard and James C. Dobson. The Mentally Retarded Child and His Family. New York: Brunner/Mazel, 1971.

Nichtern, Sol. Helping the Retarded Child. New York: Grosset and Dunlap, 1974.

Wolfesnberger, Wolf and Richard A. Kurtz, eds. Management of the Family of the Mentally Retarded: A Book of Readings. Follet Educational Corp., 1969.

13

Curriculum Module One: Developmental Disabilities

Objective Two

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristic of each category and the effect upon the individual and the family.

Objective 2.0: Student will recognize causes and characteristics of cerebral palsy.

Performance Objectives:

2.1 Student will define and discuss causes of cerebral palsy.

2.2 Student will discuss the characteristics of cerebral palsy.

Major Concepts:

I. Definition of Cerebral Palsy

II. Causes of Cerebral Palsy

- A. Congenital Factors
- B. Acquired pre-natal factors
- C. Natal factors
- D. Neo and post natal factors

III. Classification and Characteristics

- A. Spastic
- B. Athetoid
- C. Ataxia
- D. Tremor
- E. Rigidity
- F. Mixed

IV. Associated Problems

- A. Mental Retardation
- B. Hearing
- C. Emotional Problems
- D. Tactile and Kinesthetic functioning
- E. Orthopedic Problems
- F. Visual Problems
- G. Seizures
- H. Communication Problems

Teaching/Learning Experiences:

1. Lecture/discussion
2. Readings
3. Visit to Cerebral Palsy center or classroom where cerebral palsied children can be observed.
4. Interview with parent of cerebral palsy child or an adult who has cerebral palsy.
5. Let class members develop individual or group presentations on aspects of this outline.

Key Words:

cerebral palsy
athetosis
ataxia
spasticity
tremor
rigidity

Activities Which Can Be Used for Evaluation:

1. Write a short description of characteristics of each type of cerebral palsy.
2. Visiting a center where cerebral palsied children are, observe and be able to describe associated problems of children.

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristic of each category and the effect upon the individual and the family.

Activities Which Can Be Used for Evaluation:

3. From your observation, describe some very general ways parents or caretakers might deal with these children.

4. Discuss various causes of cerebral palsy and damage to specific areas of the body.

Resources:

Finnie, Nancy R. Handling The Young Cerebral Palsy Child at Home. New York: E.P. Dutton & Co., 1975.

Johnston, Robert B. and Phyllis R. Magrab. Developmental Disorders: Assessment, Treatment, Education. Baltimore, MD: University Park Press, 1976.

Perlstein, Meyer. Cerebral Palsy: Dr. Meyer Perlstein Answers Questions Parents Ask. Chicago: National Easter Seal Society for Crippled Children and Adults.

Shriner, Mildred. Growing Up: Cerebral Palsy Children Learn to Help Themselves. National Easter Seal Society for Crippled Children and Adults.

Curriculum Module One: Developmental Disabilities

Objective Three

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristics of each category and the effect upon the individual and the family.

Objective 3.0: Student will recognize causes and characteristics of autism.

Performance Objectives:

3.1 Student will define and discuss possible causes of autism.

3.2 Student will discuss characteristics of autism.

Major Concepts:

I. Definition of Autism

II. Possible Causes of Autism

- A. Environmental factors
- B. Constitutional factors
- C. Pre and Post Natal factors

III. Characteristics of Autistic Child

- A. Self-Stimulatory behavior
- B. Lack of Social Skills or Socialization
- C. Diet and Eating Habits
- D. Self-care Skills

Teaching/Learning Experiences:

1. Lecture/Discusssion
2. Readings, specifically #2 in Resources
3. See movies or videotapes portraying the range of experiences encountered by autistic children and their families.
4. Visit classes in public shcool to observe children.

Key Words:

autism
self-stimulation
socialization

Activities Which Can Be Used For Evaluation

1. Briefly describe various theories of causes of autism.
2. Write a fictional case history of an autistic child.

Resources:

Rutter, Michael & Schopler, Eric (Eds). Autism. Reappraisal of Concepts and Treatment. New York: Plenum Press, 1978.

Stuecher, Uwe. Tommy: A Treatment Study of An Autistic Child. Reston, Va: Council for Exceptional Children, 1972.

Curriculum Module One
Developmental Disabilities

Objective Four

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristics of each category and the effect upon the individual and the family.

Objective 4.0: Student will recognize causes and characteristics of epilepsy.

Performance Objectives:

4.1 Student will define and discuss the causes of epilepsy.

4.2 Student will discuss the classifications and characteristics of epilepsy.

Major Concepts:

I. Definition of Epilepsy

II. Causes of Epilepsy

- A. Pre-natal factors
- B. Post natal factors
- C. Constitutional factors

III. Classifications and Characteristics of Epilepsy

- A. Petit Mal Seizures
- B. Grand Mal Seizures
- C. Psycho-motor Seizures

Teaching/Learning Experiences:

1. Lecture/Discussions
2. Readings
3. Interview an epileptic. Discover his problems, highlights, fears, etc.
4. Find out what resources are available in your community for epileptics.
5. See films about life of persons with epilepsy. These can be obtained from National Epilepsy Foundation.

Key Words:

epilepsy
seizure
tremor
grand mal
petit mal.

Activities Which Can Be Used For Evaluation:

1. Describe briefly theories relating causes of epilepsy.
2. Write a short paragraph on classification of symptoms of epilepsy.
3. Describe the life of an epileptic child. (school? What happens during seizures? feelings? life options?).

17

Resources:

Gross, Mortimer B. & Wilson, William C. Minimal Brain Dysfunction. New York: Brunner/Mazel, 1974.

Johnston, Robert B. & Magrab, Phyllis R. Developmental Disorders: Assessment, Treatment & Education. Baltimore, Md: University Park Press, 1976.

Pattison, Harry A. The Handicapped and Their Rehabilitation. New York: Brunner/Mazel, 1974.

Stewart, Jack C. Counseling Parents of Exceptional Children. Columbus, Ohio: Charles E. Merrill Publishing Co., 1978.

Curriculum Module One
Developmental Disabilities

Objective Five

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristics of each category and the effect upon the individual and the family.

Objective 5.0: Student will recognize causes and characteristics of learning disabilities and recognize dyslexia as a subheading of learning disabilities.

Performance Objectives:

5.1 Student will define and discuss the causes of learning disabilities.

5.2 Student will discuss characteristics of learning disabilities.

Major Concepts:

I. Definition of learning disability

II. Causes of Learning Disabilities

- A. Environmental factors
- B. Constitutional factors
- C. Brain functions and dysfunctions

III. Characteristics and Classifications

- A. Language Disorders
- B. Disorders of Reading (Dyslexia)
- C. Disorders of Written Language
- D. Disorders of Arithmetic
- E. Nonverbal Disorders of Learning

Teaching/Learning Experiences:

1. Lecture/Discussions
2. Reading of recent research related to learning disabilities.
3. Movies or films portraying characteristi of learning disabled children and learning disabled adults.
4. Interview a learning disabled individual Discover problems encountered in life.
5. Take a learning disabled adult shopping for food or clothing. Observe interactions with non-handicapped population.
6. Observe classroom in public or private schools for learning disabled individuals.

Key Words:

dyslexia
learning disabled
dysfunction

19

Curriculum Module One
Developmental Disabilities

Objective Five

Goal: The student will demonstrate knowledge of developmental disabilities, showing the distinctive characteristics of each category and the effect upon the individual and the family.

Activities Which Can Be Used for Evaluation:

1. Describe various types of learning disabilities

2. Compose a hypothetical case history for a child with an arithmetical disorder.

3. Compare a learning disabled child with a learning disabled adult. Describe characteristics.

4. Discuss disorders of reading; characteristics, problems, remediation.

Resources:

Critchley, MacDonald & Critchley, Eileen A. Dyslexia Defined. Springfield, Illinois: Charles C. Thomas Publishers, 1978.

Irwin, John V. & Marge Michael (Ed). Principles of Childhood Language Disabilities. New York: Meredith Corporation, 1972.

Johnson, Doris & Myklebust, Helmer. Learning Disabilities, Educational Principles and Practices. New York: Grune & Stratton, 1971.

Myers, Patricia & Hammill Donald. Methods for Learning Disorder. 2nd Ed. New York: John Wiley & Sons, INc., 1975.

Wallace, Gerald & Kauffman, James M. Teaching Children With Learning Problems. Columbus, Ohio: Charles E. Merrill Publishing Co., 1973.

20

Social Competency

Course Description

Purpose: This course will use a social competency model to train students to work with parents and/or disabled individuals to develop skills which involve social interaction, adjustment to the demands of everyday life, and the development of optional behaviors.

Concepts:

A. Characteristics of socially competent behavior

B. Overview of care and treatment of disabled people.

C. Principle of normalization

D. Role of the family in developing social competence of the disabled child.

E. Survey of related parent training models.

F. Screening and interviewing procedures

G. Developing of realistic goal plans and measurable objectives.

Curriculum Module Two:
Social Competency

Objective One

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

Objective 1: Student will recognize the principles of Normalization

Performance Objectives:

1.1 Student will define the concept of Normalization by giving examples of situations where the principle is demonstrated.

1.2 Student will apply the Normalization principle to given activities and discuss whether they are compatible with the concept.

1.3 Student will discuss the differences between a program based on a traditional custodial model and one based on the Normalization model.

Major Concepts:

I. Concept & definition of Normalization

A. Historical review of care of the developmentally disabled
   1. Pre-Christianity to 1600
   2. Protestant Reformation (1600-1700)
   3. United States (1700-1800)
   4. Establishment of institutions (1850-1920)
   5. Parent movements (1950-present)

B. The Normalization Principle
   1. Rhythms & routines
   2. Appropriate interpretations & structures (age, culture, labels & forms of address, individualization, etc.)
   3. Dignity of risk
   4. Physical environment
   5. Values and attitudes

C. Aims of Normalization
   1. Integration (social & physical)
   2. Developmental experiences of life cycle
   3. Deinstitutionalization

II. Application of Normalization to human service systems
   A. Residential environment
   B. Relevant programming
   C. Human management models

Teaching-Learning Experiences:

1. Lecture/Discussion
2. Readings
3. Field trips to:
   institution
   group home
   public school setting
   half-way houses
4. Student writes paper contrasting institutional and community-based living.
5. Prepare a panel for discussion of particular model of application for the normalization process. How could each be carried out? What are the processes and the advantages and disadvantages of each?

Key Words:

Age-appropriate
culture-appropriate
individualization
community-based
dignity of risk
dehumanization
devaluation

Curriculum Module Two:
Socail Competency

Objective One

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

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labelling
deviancy
deinstitutionalization

Activities Which Can Be Used For Evaluation:

1. What has been the largest contribution factor to normalization in recent years?
2. Describe a normative living environment.
3. Give a definition of the following key terms:
   a. age-appropriate
   b. culture-appropriate
   c. dignity of risk
   d. dehumanization
   e. deviancy
4. Discuss the aims of normalization and the pros and cons of each.
5. Write a short philosophy as to your personal opinion on normalization and its impact on the lives of developmentally disabled persons.
6. Discuss the differences between a traditional custodial model and a program based on a normalization model.

Resources:

Center on Human Policy, Syracuse: "Where the Children Are," Human Policy Press, 1975, Slide Show.

Chinn, Philip C., Clifford Drew, Don Logan. Mental Retardation: A Life Cycle Approach. St. Louis, Mo: C. V. Mosby Co., 1979.

Perske, Robert. The Dignity of Risk and the Mentally Retarded. National Association for Retarded Citizens, 1974.

President's Committee on Mental Retardation, 1975. People Live in Houses.

Wolfensberger, Wolf, and Linda Glenn. Program Analysis of Service Systems. Toronto: National Institute on Mental Retardation, 1975.

Wolfensberger, Wolf. The Principle of Normalization in Human Services. Toronto: National Institute on Mental Retardation, 1972.

Curriculum Module Two:
Social Competency

Objective Two

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

Objective 2: Student will demonstrate understanding of Social Competency as it relates to training the disabled child.

Performance Objectives:

2.1 Student will list and describe the five major elements of Social Competency.

2.2 Student will discuss characteristics within each Social Competency area.

2.3 Student will identify relevant activities for promoting social competencies in each area.

2.4 Student will relate principles of Normalization to the Social Competency approach.

Major Concepts:

I. Definition of Social Competency

A. As a behavioral approach

B. As a community approach--achieving skills necessary to community function

C. As a measure of the individual's skills in social interaction

D. As a rehabilitation process for increasing an individual's repertoire of behaviors.

E. Underlying principles
1. Attitude of positive regard for client
2. Focus on similarities to others
3. Building on client's strengths
4. Normalization

II. Elements & Characteristics of Social Competency

A. Personal grooming & hygiene
1. Appropriate dress & appearance
2. Grooming skills & health habits
3. Consideration of others in hygiene habits

B. Family & Peer Relationships
1. Expressing affections, feelings, needs
2. Cooperation & respect for others
3. Acquisition of basic social habits and manners (Courtesy, kindness, etc.)
4. Basic communication skills in conversation
5. Coping with peer pressure

C. Educational/Vocational skills
1. Responsibility & efficiency in relation to one's abilities
2. Development of self-control and self-direction

Curriculum Module Two:
Social Competency

Objective Two

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

3. Development of marketable skills

D. Independent Living
   1. Development of environmental security through provision of functional community activities
   2. Recognition of public servants
   3. Respect for authority
   4. Participation in self-directed activities of leisure time

E. Problem-solving
   1. Ability to identify problems
   2. Clarify facts & feelings
   3. Ability to identify alternatives & develop options
   4. Generalize experiences from one situation to another
   5. Adjust activities appropriately to surroundings (home, neighborhood, community)
   6. Understand right from wrong

Teaching-Learning Experiences:

1. Lecture/discussion

2. Readings

3. Choose a major heading under elements of social competency and prepare an analysis of the tasks involved to achieve the final elements.

4. Have several students prepare a brief review of normalization objectives and procedures

5. If students are willing, prepare them to analyze their own skills under each element of social competency or be analyzed by the peers in their group. The purpose would be to clarify their own values before attempting to understand and teach to others.

Key Words:

Personal care and hygiene
family and peer relationships
vocational/educational placement
independent living
problem-solving

Activities Which Can Be Used For Evaluation:

1. List basic elements considered for one to be socially competent.

2. Provide an analysis of the major steps to be completed to solve a problem.

3. Discuss importance of teaching competency skills in vocational and educational settings.

4. Discuss the importance of leisure time in the element of independent living.

5. How are normalization and social competency related?

Resources:

Commonwealth of Virginia, Dept. of Mental Health and Mental Retardation, 1974. Social Competency: A Preliminary Overview

Harry A. Waisman Center on Mental Retardation and Human Development, California: Stanfield House Publishing, 1976. The Life Project.

Wolfensberger, Wolf. The Principle of Normalization in Human Services. Toronto National Institute on Mental Retardation, 1972.

25

Curriculum Module Two:
Social Competency

Objective Three

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

Objective 3: Student will recognize the role of the family as regards developing the social competence of their disabled child.

Performance Objectives:

3.1 Student will demonstrate understanding of attitudes required for teaching social competency.

3.2 Student will develop family training activities which encompass skills in social competency for the disabled child.

Major Concepts:

I. Review attitudes involved in Social Competency
   A. Positive regard
   B. Focus on similarities & strengths
   c. Normalization
   D. Involvement of child
II. Steps within Training Activities
   A. Identifying behaviors for change
   B. Comparing strengths/deficiencies
   C. Reinforcing strengths (existing social competencies)
   D. Correcting deficiencies
   E. Reinforcing new social competencies
III. Task analysis of Social competencies
   A. Identification of learning steps within skill area
   B. Sequencing or chaining of steps

Teaching-Learning Experiences:

1. Lecture/readings
2. Discussion of related parent training programs (i.e. P.E.T. and Transactional Analysis) and what they can offer to families.
3. Values clarification exercise.
4. Have parents of children with disabilities attend class, discuss personal experiences, feelings, and affect on relationships of relevant others (family, friends).
5. Class discussion:
   - analyze parents' experiences
   - suggest areas for training
6. Role play hypothetical teaching situations involving reinforcing social competency strengths or correcting deficiencies.

Activities Which Can Be Used For Evaluation

1. Student will list his/her personal attitudes towards a disabled child and his family. If there are deficiencies, have student write suggestions for correcting defic-encie

Curriculum Module Two:
Social Competency

Objective Three

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

2. Relate the pros and cons of parent training programs covered in objective three.

3. Relate similarities of the parent training programs.

4. Define task analysis and chaining.

5. Provide a brief and concise sample task analysis for one social competency.

6. Relate one teaching activity for each step of your sample task analysis.

Resources:

Ayrault, E. W., Helping the Handicapped Teenage Mature. New York: Public Affairs Committee, 1974.

Chinn, Philip, et.at. Two Way Talking with Parents of Special Children. St. Louis, MO: C.V. Mosby Co., 1979.

Perske, Robert, New Directions for Parents of Persons Who Are Retarded.

Sternlicht, M. Personality Development and Social Behavior in the Mentally Retarded. Mass: Health Lexington Books, 1972.

27

Curriculum Module Two:
Social Competency

Objective Four

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

Objective Four: Student will improve his social competency by demonstrating adequate communication skills.

Performance Objectives:

4.1 Student will demonstrate an understanding of the basic elements of good communication.

4.2 Student will demonstrate active listening skills.

4.3 Student will demonstrate sending straight and congruent messages.

Major Concepts

1. Basic elements of good communication
   A. Active Listening
      1. Paraphrasing content
      2. Listening for feelings
      3. Adding an attitude dimension (define people's attitudes according to TA dimension)
   B. Sending straight, congruent messages
      1. Owning perceptions with "I" messages
      2. Nonverbal messages and congruence
      3. Sending messages with assertion
      4. Giving objective behavioral feedback

II. Practice in Communication

Teaching-Learning Experiences:

1. Class lecture/discussions

2. Reading material

3. Have students role play a teacher and parent. Observe their practice of communication skills

4. Students may observe on videotape a model dialogue of communication skills in action.

5. Play charades! Students must demonstrate a sentence by non-verbal communication only.

Key Words:

Congruence
Straight messages
"I" messages
paraphrasing
Nonverbal communication
assertion
aggressive
objective feedback

Activities Which Can Be Used for Evaluation

1. Define the following terms and discuss their importance:
   a. Congruence
   b. assertion
   c. paraphrasing
   d. objective feedback

2. Outline the basic elements of the communication process.

3. Describe 3 methods by which one can determine if he is sending s straight, congruent message.

4. Student will be evaluated in a role playing session for his ability to display communication skills. The other student would provide objective

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

behavioral feedback.

Resources:

Chinn, Philip C., Joyce Winn and Robert Walter. Two Way Talking with Parents of Special Children: A Process of Positive Communication. St. Louis, MO: C.V. Mosby, Co., 1978.

Kroth, Roger. Parent Conferences in the Schools. Denver: Love Publishing Co., 1977.

29

Curriculum Module Two:
Social Competency

Objective Five

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families of children with developmental disabilities.

Objectives 5: Student will assess client strengths and needs in the areas of social competency.

Performance Objectives:

5.1 Student will be able to identify important information to be gathered for client assessment.

5.2 Student will be able to conduct an intake interview.

5.3 Student will be able to assess client's social competencies, and incompetencies, using both interview and observation data.

Major Concepts:

I. Intake interviews
   A. Information gathering
   B. Record-keeping

II. Assessment methods
   A. Observation in actual situation
   B. Direct questioning
   c. Observation through role play

III. Writing Report of Assessment Data

Teaching-Learning Experiences:

1. Discussion of procedures for family intake and assessment.

2. Videotape viewing of intake process

3. Role play of intake interviews

4. Analysis of case studies

Key Words:
Intake process
active listening
information gathering
competencies
target bahaviors
evaluation
review

Activities Which Can Be Used for Evaluation

1. Student should be observed by others in class during a sample interview. Feedback should be given regarding ability to communicate.

2. Describe the steps or processes to be used when conducting an intake interview.

3. List the information to be gathered at an interview.

4. List various assessment methods and discus advantages and disadvantages of each.

Resources:

Edgerton, Robert B. "The Cloak of Competence. University of California Press. Berkeley California. 1967, 233 pages.

Goldstein, H. Social Learning Curriculum. Columbus, OH: Chas. E. Merrill Pub. Co., 1974.

Pathways Toward Independence. Nisonger Center Columbus, OH: Ohio State University, 1975.

Steinlicht, M. Personality Development and Social Behavior in the Mentally Retarded. Lexington, MA: Health Lexington Books, 1972.

Curriculum Module Two
Social Competency

Objective Six

Goal: Student will demonstrate knowledge and principles of Social Competency in working with families who have children with developmental disabilities.

Objective 6: Student will demonstrate the use of a goal planning approach.

Performance Objectives:

6.1 Student will demonstrate understanding of the importance of goal planning.

6.2 Student will demonstrate understanding of key concepts involved in goal planning methods.

6.3 Student will write measurable objectives.

6.4 Student will develop realistic goal plans.

Major Concepts:

I. Basic Strategies for goal planning
   A. Involvement of client
   B. Setting attainable goals
   C. Describing target behavior
   D. Setting target date
   E. Specifying method/activities for achieving target behavior
   F. Specifying evaluation of goal

II. Evaluation
III. Revision

Teaching-Learning Experiences:

1. Class discussion
2. Readings
3. Group and individual development of sample goal plans
4. Group critique of goal plans
5. Simulated meeting of all contributors to goal plan for purpose of developing plan.

Key Words:

goal setting
behavioral objectives
measurable objectives
achievable or realistic goals
client involvement
target date

Activities Which Can Be Used for Evaluation

1. Describe why, given assessment data, one must initiate a goal plan.
2. List and define the basic elements of a goal plan.
3. Given the assessment data on the attached sheet, write a brief goal plan.

Resources:

Golstein, H. Social Learning Curriculum. Columbus, OH: Chas. E. Merrill Pub. Co., 1974.

Houts, P.S. and R. A. Scott. Goal Planning with the Mentally Retarded. Washington, DC: Dept. of HEW, 1973.

Meyer, Edward H. Developing Units of Instruction: For the Mentally Retarded and Other Children with Learning Problem. Dubuque, Iowa: Wm. C. Brown, 1972.

INDEPENDENCE TRAINING

Course Description

Purpose: To prepare students to work with parents and/or disabled individuals in the development of daily living skills such as cooking, money management, shopping, transportation etc.

Concepts

A. Importance and implications of "independence" for both parents and the disabled child.

B. Attitudes for parents and child such as
   1. Over protection vs risk taking
   2. Qualitative states of independence such as self-determination and responsibility of choice.

C. Attitudinal and Sociological factors related to disabled people functioning in the family, community, or institutional setting

D. Techniques and methods for development of daily living skills. Emphasis is on behavioral principles

E. Development of teaching plans using goal planning and task analysis.

Curriculum Module Three
Independence Training

Objective One

Goal: Student will demonstrate knowledge of the underlying principles and training skills which facilitate growth towards maximum independence of children with developmental disabilities.

Objective 1: Student will show sensitivity to parental concerns and feelings regarding issues of independence for child with a disability.

Performance Objective:

Student will identify emotional reactions experienced by parents and be able to discuss attitudinal changes required for successful application of independence training.

Major Concepts:

I. Parental issues regarding independence
   A. Needs of parents
   B. Needs of Siblings
   C. Needs of developmentally disabled person
   D. Fear of child's welfare
      1. Personal safety
      2. Exploitation/abuse
   E. Overprotection versus risk-taking
      1. Letting go
      2. Guilt
      3. "Static" potential of child
   F. Lack of access to rehabilitative/educational services for child
      1. Lack of information
      2. Difficulty in accessing information
      3. Referral circle dilemma

Teaching-Learning Experiences

1. Values clarification exercise (Student examines own attitude about disabled children and their families).

2. Simulation games: teacher bases class activities & discussion around student role-playing parent of disabled child. Student receive comprehensive case study on severely handicapped child & his family, and as parent to this child, reacts to hypothetical situations such as the following:
   - letter from school principal stating that child has opportunity to attend residential summer camp
   - notification that a group home is opening and applications are being accepted to fill five vacancies

3. Student as "parent" writes paper about the positive aspects of his severely handicapped child.

4. Class discussion with actual parents on concerns and feelings regarding independence training.

Key Words:

overprotection
risk-taking
responsibility
building on strengths
letting go
making choices
belief in potential

Activities Which Can Be Used for Evaluation

1. Discuss the interaction of the famil of a developmentally disabled child as each of the family members (paren siblings, exceptional child) attempt to have their own needs met.

2. Briefly describe your attitudes towa disabled persons. Will these attitudes help or hinder your approach to working with families of developmental disabled individuals?

Goal: Student will demonstrate knowledge of the underlying principles and training skills which facilitate gr-wth towards maximum independence of children with developmental disabilities.

3. Describe parental attitudes that (1) promote independence and (2) hinder independence.

4. Describe some of the difficulties parents experience in obtaining access to services for their child.

Resources:

Biklen, Douglas Let Our Children Go. Syracuse: Human Policy Press, 1974.

Chinn, Philip C., Joyce Winn and Robert Walters. Two Way Talking with Parents of Special Children. St. Louis, MO: The C.V. Mosby Co., 1979.

Johnston, R. B. & Magrab, P.R. Eds. Developmental Disorders. Baltimore Md: University Park Press, 1976.

Raths, Harmin & Simon. Values and Teaching. Columbus, OH: Charles Merrill, 1966.

Simon, Howe & Kirschenbaum, Values Clarification. New York: Hart Publishing, 1972.

Curriculum Module Three
Independence Training

Objective Two

Goal: Student will demonstrate knowledge of the underlying principles and training skills which facilitate growth towards maximum independence of children with developmental disabilities.

Objective 2: Student will show understanding of the importance of acquiring skills of daily living for the disabled child and his family.

Performance Objective:

Student will identify skills of daily living and assess the relative importance of their attainment.

Major Concepts:

I. Issues of the developmentally disabled child regarding independence
   A. Implications of dependency/helplessness
   B. Self image/ confidence
   C. Perceived difference/deviancy
   D. Institutionalization

II. Activities of Daily Living
   A. Skills essential for survival (self-help)
      1. Dressing/undressing
      2. Grooming
      3. Cooking
      4. Money management
      5. Time
      6. Shopping
      7. Use of telephone
      8. Use of public transportation
   B. Skills which improve the quality of life (self-determination, responsibility, choice)
      1. Use of leisure time
      2. Ability to communicate
      3. Ability to make decision
      4. Self-determination
      5. Responsibility

Teaching-Learning Experiences:

1. Student dyad: Student assumes a handicap for a day, (stuttering, blindness, in a wheelchair), and observes his own reactions to feelings of helplessness, etc. Second student accompanies "handicapped" student and observes community reaction. Students switch roles.

2. Class discussion in importance of acquiring skills.

3. Prioritization of activities of daily living according to which:
   1) are essential for survival
   2) improve the quality of life.

Key Words:

helplessness
difference
deviancy
dependence
quality of life
survival

Activities Which Can Be Used for Evaluation:

1. Discuss your gut-level feelings when assuming a handicapping condition for the day.

2. Based upon your experience in number one, would you be encourag or discouraged to acquire independence skills.

3. Relate the importance of acquisit of survival skills.

4. List skills which can be acquired that might improve the quality of life for an exceptional individua

Curriculum Module Three
Independence Training

Objective Two

Goal: Student will demonstrate knowledge of the underlying principles and training skills which facilitate growth toward maximum independence of children with developmental disabilities.

Resources:

Folsom, G., J. Federici, and M. Feldman. Life Skills for the Developmentally Disabled. Washington, DC: George Washington University, 1975.

Taylor, S. J., Biklen & Bogdan. "You Don't Know What It's Really Like," Center on Human Policy, Syracuse, Human Policy Press.

Thiel, Ellen. Design for Daily Living. Quincy, Fl: Thiel Enterprises, P.O. Box 1183.

36

Curriculum Module Three
Independence Training

Objective Three

Goal: Student will demonstrate knowledge of the underlying principles and training skills which facilitate growth toward maximum independence of children with developmental disabilities.

Performance Objective:

Student will define the key concepts of principles of behavior and cite examples of their use in training people who are disabled.

Major Concepts:

I. Concepts of principles of behavior
   - A. Observing behavior
   - B. Charting behavior
   - C. Reinforcement/reward
   - D. Consistency, discipline and punishment
   - E. Shaping and behavior modification
   - F. Modelling/praise
   - G. Extinction
   - H. Madaptive behavior

II. Development of behavior-change program
   - A. Identification and measurement of target behavior
   - B. Involvement of client and relevant others (family, etc.)
   - C. Identification of rewards/ motivation for change
   - D. Writing behavioral contracts
   - E. Evaluation/revision

III. Ethical issues in behavior management
   - A. Individuality vs. conformity
   - B. Legal Guidelines
   - C. Guidelines for behavioral change
     1. Life threatening behavior
     2. Physically harmful behavior
     3. Consistency with concept of Normalization

Teaching Learning Experiences:

1. Lecture/discussion on principles of behavior.
2. Readings from resource list.
3. Videotapes showing behavior samples to be observed and charted by students.
4. Exercises demonstrating behavior modifidation approaches such as:
   - reinforcement of terminal behavior only
   - reinforcement of successive approximations of terminal behavior
5. Class discussion:
   - ethical questions in modifying another person's behavior
   - inclusion of parents and child in behavior management plans

Key Words:

reward
reinforcement
consistency
discipline
behavior modification
shaping
modelling
extinction
maladaptive behavior
baseline
approximation
terminal behavior

Curriculum Module Three
Independence Training

Objective Three

Goal: Student will demonstrate knowledge of the underlying principles and training skills which facilitate growth toward maximum independence of children with developmental disabilities.

Activities Which Can Be Used for Evaluation:

1. Define the following terms:
   a. reward
   b. reinforcement
   c. consistency
   d. shaping
   e. approximation
   f. extinction
   g. modelling

2. Describe a successful behavioral change approach.

3. Identify the requirements which must be followed before implementing a behavior management plan.

4. On the videotape, observe the target behavior and chart a graph depicting the behavior.

Resources:

Becker, W. Parents are Teachers. Champaign, Il: Research Press Co., 1971.

Patterson, J. Families: Applications of Social Learning to Famliy Life. Champaign, IL: Research Press, 1971.

Patterson and Gullion. Living with Children. Champaign, IL: Research Press, 1968.

The Life Project. Harry A. Waisman Center on Mental Retardation and Human Development, CA: Stanfield House Publishers, 1976.

Thompson, Travis and John Grabowski, et. al. Behavior Modification of the Mentally Retarded. New York: Oxford University Press, 1977.

Tymchuk, A. Behavior Modification with Children. Springfield, IL: Thomas, 1974.

Resources:

Williams, David L. and Elliott B. Jaffa. Ice Cream, Poker Chips and Very Goods: A Behavior Modification Manual for Parents. published by the authors, distributed by the University of Maryland Book Exchange, College Park, MD: 1971.

38

Curriculum Module Three
Independence Training

Objective Four

Goal: Student will demonstrate knowledge of the underlying principles and training skills which facilitate growth towards maximum independence of children with developmental disabilities.

Objective 4: Student will demonstrate skills in developing teaching plans for independence training.

Performance Objective:

Student will demonstrate the ability to develop a teaching plan in each area of daily living activities, combining knowledge of behavioral principles and task analysis.

Major Concepts:

I. Task analysis of activities of daily living
   A. Identification of learning steps within skill areas
      1. Survival skills
      2. Skills which improve the quality of life.
   B. Sequencing of steps

II. Developing teaching plans
   A. Use of goal planning approach
   B. Use of natural environment and functional activities for training.
   C. Use of behavioral principles in training.

Teaching Learning Experiences:

1. Have a student prepare a brief review of principles of behavior for class panel.

2. Discussion on activities of daily living.

3. Readings from resource list.

4. Practice task analysis of one daily living skill assigned by professor to insure representative sample.

5. Panel of teachers to discuss and review their systems of teaching small sequential steps to achieve overall goal plan.

Key Words:

cooking
public transportation
money management
shopping
community resources
housekeeping
telephone

Activities Which Can Be Used for Evaluation:

1. Provide a sample task analysis of one of the listed survival skills.

2. Provide a sample task analysis of one of the listed skills which improve the quality of life.

3. Pick one of the tasks from number one and describe a teaching appraoch using principles of behavioral management.

Resources:

Baldwin, Victor and H.D. Fredericks. Isn't It Time He Outgrew This?

Blumenfeld, Jane, et.al. Help Them Grow. Nashville, TN: Abingdon Press, 1971.

Elwyn Institute. Remedial Inventory One. Elwyn Institute, PA, 1972.

Phillips, E.L., et.al. The Teaching Family Handbook. Lawrence, KS: University of Kansas, 1974.

The Portage Guide to Home Teaching. The Portage Project, WI: Cooperative Educational Servic Agency 12, 1975.

NUTRITION EDUCATION

Course Description

Purpose: This course is designed to provide students with an introduction to the principles and application of nutrition education.

Concepts:

A. Factors affecting the nutritional requirements specifically for the developmentally disabled child.

B. Overweight and undergrowth and nutritional guidelines for prevention.

C. Screening and assessment of community, family and individual nutritional status.

D. Development of student skills in feeding and handling techniques.

Curriculum Module Four
Nutrition Education

Objective One

Goal: Students will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Objective 1: Student will demonstrate knowledge of basic facts and principles of nutritional education.

Performance Objectives:

1.1 Student will discuss the goals of nutritional education.

1.2 Student will demonstrate understanding of role of nutrients in energy balance and growth.

1.3 Student will list major nutrients within the four basic food groups and the kinds and amounts of food required for daily consumption.

1.4 Students will identify and discuss the effects of poor nutrition.

Major Concepts:

I. Principles of Nutrition Education
   A. Goals of nurtition education
      1. Provide basic facts about nutrition
      2. Promote change in poor eating habits
      3. Introduce good nutrition into meal planning and preparation.
   B. Basic facts about nutrition
      1. Role of nutrients in energy balance and growth
      2. Food composition
      3. Effects of poor nutrition

Teaching Learning Experiences:

1. Readings/discussion from list of Resources.

2. Students develop charts on the four basic food groups.

3. Have panel discussions:
   a. Group of parents to discuss need or lack of need for education in area of nutrition
   b. Group of experts from various health fields to discuss value of educating parents of developmentally disabled in area of nutrition

Key Words:

nutrients
protein
carbohydrates
fat
energy intake and expenditure

Activities Which Can Be Used for Evaluation:

1. List and describe importance of the goals of nutritional education.

2. List important nutrients within the four basic food groups and describe why each is necessary.

3. Discuss the daily recommended food allowance according to general age categories.

4. Discuss some of the effects of poor nutrition as it relates to the developmentally disabled.

Resources:

Gussow, J.D. Improving the American Diet. J. Home Economics 65(8): 6-10, 1973.

Johnston, R.G. and P.R. Magrab, eds. Developmental Disorders. Baltimore, MD: University Park Press, 1976 (Nutrition, page 315).

41

Curriculum Module Four
Nutrition Education

Objective One

Goal: Students will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Resources:

Martin, Ethel Austin. Nutrition in Action. New York: Holt, Rinehart and Winston. 3rd ed., 1971.

Palmer, Susan and Shirley Ekvall, eds. Pediatric Nutrition in Developmental Disorders. Springfield, IL: Charles C. Thomas, 1977.

Chinn, Peggy. Childhood Maintenance and Health. St. Louis, MO: C.V. Mosby, Co.

Pipes, Peggy. Nutrition in Infancy and Childhood. St. Louis, MO: C.V. Mosby, Co., 1977.

Recommended Dietary Allowances, National Resource Council, 1973.

Robinson, Corinne H. and F.T. Proudfit. Normal and Therapeutic Nutrition. New York: MacMillan Co.

Curriculum Module Four
Nutrition Education

Objective Two

Goal: Students will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Objective 2: Student will recognize the factors affecting nutritional requirements.

Performance Objectives:

2.1 Student will describe the major growth periods and nutritional needs related to each.

2.2 Student will demonstrate an understanding of the effect of individual activity levels on nutritional requirements.

2.3 Student will discuss the relationship of body stature (size) to nutritional status.

2.4 Student will discuss how stress conditions effect nutritional requirements.

Major Concepts:

I. Factors affecting nutritional requirements
   A. Growth stages
   B. Activity levels
   C. Body size
   D. Stress conditions (handicap)
   E. Metabolic influences
   F. Medical influences

Teaching Learning Experiences:

1. Guest lecture from nutritionist.
2. Readings/discussion from resources.
3. Student research and presentations on subject areas.

Key Words:

iron deficiency anemia
hemoglobin
metabolic influence

Activities Which Can Be Used for Evaluation:

1. Briefly describe the major growth periods.
2. List the various activity levels of the body. What is their effect on nutritional requirements of the body?

Activities Which Can Be Used for Evaluation:

3. Relate the relationship of body size to nutritional status.
4. Describe stress conditions.
5. Interview a pediatrician regarding metabolic disorders of children.

Resources:

Chinn, Peggy L. Childhood Maintenance and Health. St. Louis, MO: C.V. Mosby, Co.

Johnston, Robert B. and Phyllis Magrab. Developmental Disorders: Assessment Treatment and Education.

Poolton, M.A. Predicting the Application of Nutritional Education. J. Nutritional Education. 4(3): 110-113, 1972.

Springer, Ninfa. Nutrition in Mental Disorders. Cleveland, OH: CRC Press, Inc.

43

Curriculum Module Four
Nutrition Education

Objective Three

Goal: Students will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Objective 3: Student will demonstrate knowledge of nutritional issues related to children with developmental disabilities, specifically as regards overweight and undergrowth.

Performance Objectives:

3.1 Student will identify factors leading to obesity.

3.2 Student will identify potential nutritional factors affecting underweight or undergrowth.

3.3 Student will discuss general health guidelines related to remediating obesity/undergrowth.

Major Concepts:

I. Predictive factors in obesity
   A. Obesity in family
   B. Social and environmental considerations
   C. Imbalance between energy intake and expenditure (limited motor ability, wheelchair confinement, athetoid condition)
   D. Misuses of food (as reward, pacifier, expression of affection, etc.).

II. Factors related to underweight/ undergrowth
   A. Deficiency of total caloric intake of proteins or other important nutrients
   B. Restrictive, unusual or monotonous diet
   C. Social and environmental influences
   D. Appropriate meal planning
   E. Guidance in avoiding environmental influences (e.g., obesity in other family members)
   F. Proper dental hygiene

Teaching Learning Experiences:

1. Readings/discussion utilizing Resource list.

2. Students develop "exhibit charts" for use in areas such as dental care.

3. Guest speakers
   a. nutritionist
   b. wheelchair confined adult to discuss dietary difficulties
   c. obese individual and factors affecting his health.

4. Panel of parents of developmentally disabled children discuss nutritional difficulties they face with the problem of their children.

Key Words:

obesity
energy expenditure
caloric intake
vitamin
nutrient

Activities Which Can Be Used for Evaluation:

1. Discuss the importance of dental hygiene as it relates to such areas as appearance, speech and health?

2. Discuss general factors leading to obesity.

3. Relate the importance of food intake and energy expenditure.

Curriculum Module Four
Nutrition Education

Objective Three

Goal: Students will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Activities Which Can Be Used for Evaluation:

4. What are the characteristics associated with underweight or malnourished individuals?

5. Invent a program for educating parents of developmentally disabled persons about providing regular physical activity for their blind son.

Resources:

Chinn, Peggy L. Childhood Maintenance and Health. St. Louis, MO: C.V. Mosby Co.

Johnson, Robert B. and Phyllis A. Magrab. Developmental Disorders: Assessment and Education. Baltimore, MD: University Park Press, 1976.

Martin, Ethel Austin. Nutrition in Action. New York: Holt, Rinehart and Winston, 3rd ed., 1971.

Curriculum Module Four
Nutrition Education

Objective Four

Goal: Student will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Objective 4: Student will conduct a nutritional screening and assessment.

Performance Objectives:

4.1 Student will identify important information to be gathered for nutritional assessment.

4.2 Student will conduct a nutritional screening interview and record information gathered.

4.3 Student will assess nutritional information to determine areas of possible nutritional risk.

4.4 Student will identify further screening procedures and follow-up recommendations for assessing nutritional status.

Major Concepts:

I. Information about Community
   A. Demographic characteristics of community
   B. Information about food and water supplies
   C. Racial and ethnic composition
   D. Resources for gathering information on community
      1. Census data
      2. Health, welfare, social security agency
      3. City planning groups
      4. Housing authority
      5. School board
      6. Chamber of Commerce

II. Information about family
   A. Correlation of economic status with nutritional deficiency
   B. Family food tastes and preferences
   C. Social and environmental factors
      1. Housing
      2. Sanitation
      3. Adequacy of kitchen for food storage and preparation

III. Information about child.
   A. Health records
      1. Past history of serious or chronic illnesses
      2. Presence of current illnesses
      3. Birth weight
      4. Developmental milestones
   B. Child's diet and eating habits
      1. Food preferences
      2. Feeding problems

IV. Survey of Rating Scales
   A. Sexual maturity ratings (clues to growth stage and nutritional needs)
   B. Hedonic scale (measurement of food tastes and preferences)
   C. Nutritional charting (caloric intake, prescriptive diet planning)

Teaching Learning Experiences:

1. Reading/discussion of Resource list.

2. Student conduct survey of portion of community to determine probable health status:
   - % of low weight births
   - % of births to very young mothers
   - neonatal and infant mortality
   - listing of prevalent infectious diseases

3. Students keep diet records for themselves (3 days-week) noting such factors as caloric intake, eating habits, food preferences, etc.

4. Students do dietary assessments from hypothetical cases noting such factors as health history, social and environmental influences, age and stage of development, for possible areas of nutritional risk.

Goal: Student will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Teaching Learning Experiences:

5. Students conduct nutritional screening interviews using "food frequency" record.

6. Students view film or videotape of interview of parent regarding nutrition of their child.

Key Words:

nutritional deficiency
caloric intake
prescriptive diet planning

Activities Which Can Be Used for Evaluation:

1. For a sample case, student is to organize information and write screening and assessment report.

2. Describe the information necessary for a nutritional assessment.

3. From a given written report of a screening, determine if the subject is of nutritional risk and explain why.

4. Discuss the various rating scales available for nutritional screening.

Resources:

Palmer, Sushma and Shirley Ekvall, eds. Pediatric Nutrition in Developmental Disorders. Springfield, IL: Chas. C. Thomas, 1977.

Peryam, D.R. and F.J. Pilgrim. Hedonic Scale of Measuring Food Preferences. Food Tech. 11(9):9-14, 1957.

Tanner, J.M. Growth at Adolescence. (2nd ed.) Oxford: Blackwell Scientific, 1968.

Curriculum Module Four
Nutrition Education

Objective Five

Goal: Students will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Objective 5: Student will acquire skills in feeding and handling techniques.

Performance Objectives:

5.1 Student will demonstrate understanding of developmental tasks related to the acquisition of feeding skills.

5.2 Student will demonstrate techniques for acquiring feeding skills.

5.3 Student will discuss the importance of routine, discipline, environment, and child readiness in acquiring feeding skills.

Major Concepts:

I. Pre-requisite developmental tasks
   A. Sucking
   B. Swallowing
   C. Chewing
   D. Tongue and mouth control

II. Feeding and handling techniques
   A. Feeding positions
   B. Introducing new foods
   C. Finger feeding
   D. Self-feeding
   E. Adaptive equipment

III. Training factors
   A. Routine
   B. Discipline
   C. Environment
   D. Readiness

Teaching Learning Experiences:

1. Readings/discussion from Resource list
2. Students demonstrate techniques and foods used to encourage acquisition of feeding skills.
3. Guest lecturer from occupational therapy as to routine and proper feeding techniques.
4. Parent panel to discuss difficulty of training their children in the acquisition of feeding skills.

Teaching Learning Experiences:

5. Have someone (preferably OT) demonstrate use of needed adaptive equipment.
6. Visit a center for preschool or more severely handicapped individuals are in a feeding skills training program.

Key Words:

sucking
swallowing
chewing
adaptive equipment

Activities Which Can Be Used for Evaluation:

1. Suggest recommended foods for various stages and discuss their reasons for choosing them.
2. Discuss importance of prerequisite skills in feeding.
3. What are correct positions for feeding?
4. Name the training factors and discuss the importance of each.
5. Name pieces of equipment which can be adapted for individuals in wheelchairs.
6. Demonstrate a training technique in feeding:
   holding
   positioning

Curriculum Module Four
Nutrition Education

Objective Five

Goal: Students will recognize the basic principles of nutrition as applied to the educational needs of families with developmentally disabled children.

Resources:

A Handbook for Teaching Nutrition to Children. Nutrition Section Virginia State Dept. of Health, 1975.

Blanton, Elsie and Samuel A. Anderson. A Helpful Guide in Developmental Training. Richmond: Virginia State Dept. of Health, Child Development Clinic, 1977.

Eating with a Spoon: How To Teach Your Multihandicapped Child. National Center on Educational Materials for the Handicapped, Columbus: Ohio State University Press, 1975.

Finnie, Nancy R. FCSP. Handling The Young Cerebral Palsied Child at Home. New York: E.P. Dutton and Co., 1977.

Goodwin, Mary T. and Gerry Pollen. Creative Food Experiences for Children. Center for Science in the Public Interest, Washington, DC., 1974.

HEALTH AND SAFETY

Course Description

Purpose: To provide an overview of theory and practical methodology involved in working with families and disabled children in child health and safety.

Concepts:

A. Developmental patterns in the physical, language, social, emotional, and intellectual areas of child growth.

B. Case analysis and tests for psychological/sociological and biological observation of children.

C. Knowledge of recommended health habits and practices evidenced through hypothetical health histories, care plans and surveys of health agencies.

D. Development of student training skills in personal hygiene and self-care for the disabled child.

E. Home and community safety for the disabled child.

Curriculum Module Five
Health and Safety

Objective One

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Objective 1: Student will demonstrate knowledge of major developmental stages focusing on motor, language, emotional/social, and cognitive growth.

Performance Objectives:

1.1 Student will discuss and compare average growth and development characteristics with delayed growth patterns.

1.2 Student will identify expected tasks related to each developmental area.

1.3 Student will suggest evaluative activities that measure a child's functioning level within each developmental area.

Major Concepts:

I. Principles of growth and development.
   A. Concepts related to child development
      1. Influence of genetic factors
      2. Influence of environmental factors
      3. Influence of cultural factors
      4. Characteristic learning modalities of children
      5. Normal developmental milestones
      6. Early detection of delays in development
   B. Expected tasks associated with child development
      1. Motor skills
      2. Feeding skills
      3. Sleep
      4. Play
      5. Language
      6. Discipline
      7. Toilet training
      8. Dressing

II. Developmental screening and assessment
   A. Survey of major assessment scales and developmental checklists.
   B. Use of assessment methods with developmental model
   C. Involvement of parents in assessment and care plan.

Teaching Learning Experiences:

1. Lecture
2. Readings/discussion from Resource list.
3. Film "Mentally Handicapped Children Growing Up," 30 min., 16 mm.
4. Overview of major assessment scales and competency checklists.
5. Each student take one major assessment scale and report to class.
6. Field trip to developmental center to conduct informal child assessment through play encounter.
7. Student teams conduct developmental work-ups on hypothetical case studies.

Key Words:

Adaptive Behavior Scale
developmental baseline
checklists
progress charts
record-keeping

Curriculum Module Five
Health and Safety

Objective One

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Key Words:

Washington Guide
Devner Developmental Screening Tool
Developmental Profile
The Home Observation for Measurement of the Environment (HOME)
Learning Assessment Profile (LAP)
Behavior Characteristic Progression (BCP)

Activities Which Can Be Used for Evaluation:

1. Define what is the sequence and rate of growth of the "average" child.

2. Determine deviations from normal growth patterns.

3. Describe your personal understanding of how to determine functioning levels.

4. Record developmental assessment in areas of: motor, language, emotional/social, and cognitive for the attached case study.

5. List assessment instruments and advantages and disadvantages of each.

6. Choose 2 areas of child development and relate the expected tasks associated with the areas.

Resources:

Barnard, K. and Marcene Erickson. Teaching Children with Developmental Problems. St. Louis: C.V. Mosby, Co., 1976.

Erickson, Marcene L. Assessment and Management of Developmental Changes in Children. St. Louis: C.V. Mosby Co., 1976.

Film: "Mentally Handicapped Children Growing Up."

Hadfield, J.A. Childhood and Adolescence. Baltimore, MD: Pelican Books, 1962.

Lowry, G.H. Growth and Development of Children.

Mercer, Jane. System of Multicultural Pluralistic Assessment. New York: Psychological Corporation, 1977.

52

Curriculum Module Five
Health and Safety Education

Objective Two

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Objective 2: Student will demonstrate knowledge of factors important to the development of personal hygiene and self care skills in the disabled child.

Performance Objectives:

2.1 Student will identify skills important to personal hygiene and self care.

2.2 Student will analyze steps important to accomplishing each skill.

2.3 Student will identify at what developmental level a self care skill might be expected and what learning pre-requisites are needed.

Major Concepts:

I. Personal hygiene and self care
   A. Toileting
   B. Feeding
   C. Dressing
   D. Sleeping
   E. Tooth-brushing
   F. Nose-blowing

II. Factors affecting training
   A. Readiness
   B. Motivation
   C. Teaching environment
      1. Expectations
      2. Models for imitation
      3. Consistency of approach

III. Task analysis of self-care skills
   A. Identification of learning steps within skill areas
   B. Sequencing of step (chaining)

Teaching Learning Experiences:

1. Lecture

2. Readings/discussion from Resource list

3. Review growth and development by a student in the class.

4. Students view videotape of tooth-brushing and noseblowing and provide a task analysis.

Teaching Learning Experiences:

5. Analysis of case studies.

6. Allow students to interview parents as to needs and problems in training their children in self-care and hygiene.

Key Words:

toileting
eating
bathing
sleeping
tooth brushing
noseblowing
discipline
play

Activities Which Can Be Used for Evaluation:

1. List and describe self care areas.

2. Identify problem areas of training and compare with normal development.

3. Break down a skill (of dressing for example) into small steps.

4. Demonstrate training competence in personal hygiene and self-care skills and allow class to provide feedback.

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Resources:

Atwell, Arthur A. and Ann Clabby. The Retarded Child: Answers to Questions Parents Ask. Western Psychological Services, 1971.

Bernard C. The Washington Guide to Promoting Development in the Young Child.

Portage Guide to Home Teaching. The Portage Project, Wisconsin: Cooperative Educational Service Agency #12, 1975.

Curriculum Module Five
Health and Safety

Objective Three

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Objective 3: Student will gain knowledge of basic concepts in preventative health care and maintenance.

Performance Objectives:

3.1 Student will discuss the importance of good health habits and practices for families.

3.2 Student will relate the importance and role of activity, relaxation, diet and sleep to good health.

3.3 Student will identify and discuss importance of immunizations, medical and dental checkups.

3.4 Student will demonstrate understanding of role responsibility and limitations in family health intervention.

Major Concepts:

I. Health care and education
   A. Goals of health care education
      1. Development of regular health practices
      2. Prevention of illness
      3. Knowledge of proper nutrition
      4. Practical experience in functional activities related to health care
      5. Promote socially acceptable behavior
   B. Areas for health care intervention.
      1. Training in personal hygiene and self-care skills
      2. Education in diet and nutrition
      3. Assessment of home environment for possible modification

II. Role responsibility and limitations in family health intervention
   A. Teaching ability in general health education and self care training
   B. Knowledge of information and referral procedures within health system
      1. When and where to refer
      2. Interdisciplinary approach
      3. Follow along

Major Concepts:

   C. Role as change agent
   D. Skills in observation and communication

Teaching Learning Experiences:

1. Readings

2. Student dyad: Conduct history interviews and develop health care plans identifying students' positive health practices and areas where improvement is needed.

3. Lecture/discussion
   - overview of public health systems
   - role and limitations of family education specialist
   - information and referral procedures

4. Student teams conduct surveys of health agencies in the community. Compile fact sheet on services offered.

5. Class discussion on situations in which referrals to an appropriate health service might be required.

Curriculum Module Five
Health and Safety

Objective Three

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Key Words:

health maintenance
preventative health care
health care plan
interdisciplinary approach
information and referral
follow-along

Activities Which Can Be Used for Evaluation:

1. Define the basic principles of preventative health care.
2. Relate how activity, relaxation, diet, and sleep affect growth and function.
3. Record relevant health data on this case study.
4. Devise a health care plan that contains information covering the major areas of good health planning.
5. List the recommended immunizations.
6. Discuss where to find services in the health care system.
7. Describe your role as well as limitations in health care education.

Resources:

Chinn, Peggy L. Child Health Maintenance: Concepts in Family Centered Care. St. Louis, MO: C.V. Mosby Co., 1979.

Fuerst, E., et.al. Fundamentals of Nursing. Philadelphia: J.B. Lippincott, 1974.

Greenberg, Henry F. Child Care. Sutherland Learning Associates, CA: Recom Press, 1975.

Resources:

Hein, F. Living: Health, Behavior, and Environment. (5th ed.) Glenview, IL: Scott, Foresman and Co., 1970.

The Life Project. Harry A. Waisman Center on Mental Retardation and Human Development, CA: Stanfield House Publ., 1976.

56

Curriculum Module Five
Health and Safety

Objective Four

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Objective 4: Student will demonstrate knowledge in basic first aid and emergency procedures.

Performance Objectives:

4.1 Student will demonstrate understanding of basic physiology and anatomy by listing and describing major body functions and systems.

4.2 Student will make first aid kit and demonstrate use of each item in kit.

4.3 Student will demonstrate emergency procedures involving: artificial respiration, heimlick procedure, cardiac massage, hemorrhage, and seizure.

4.4 Student will demonstrate knowledge of proper use of medication and be able to discuss drugs that are commonly used.

Major Concepts:

I. Basic first aid
   A. Orientation to physiology
      1. Structure of human body
      2. Body functions and processes
   B. First aid
      1. Procedures for common illnesses
      2. Procedures for accidents and injuries
   C. Administration of emergency treatment
      1. Artificial respiration
      2. Heimlick procedure
      3. Cardiac massage
      4. Hemorrhage
      5. Seizure

II. Medication
   A. General medical reinforcement
      1. Proper usage and storage of medications
      2. Preventative medicine (check ups and immunizations)
      3. Maintenance of individual health records.
   B. Overview of drugs commonly used with developmental disabilities
      1. Understanding the action of the drug
      2. Signs of adverse effects
      3. Precautions

Teaching Learning Experiences:

1. Lecture/discussion
2. Films/slide shows
3. Preparation of first aid kits
4. Visit by Heart Association -- use of dolls and equipment
5. Practice of emergency procedures
6. Students make family HELP charts (telephone numbers and contacts).
7. Discussion or panel on medication and its proper usage:
   - general medical reinforcement (taking on time, following physician's orders, discarding old medicine, proper storage etc.)
   - basic information about drugs commonly used
   - side effects, reactions and precautions

Key Words:

respiration
circulation
neurological
gastro-intestinal
muscular

Curriculum Module Five
Health and Safety

Objective Four

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Key Words:

cardiac massage
heimlick procedure
artificial respiration
burns
poinsoning
head injuries
seizures
shock
penicillin
tetracyclines
sulfonamides
librium
dilantin
hormones
valium
phenobarbital

Activities Which Can Be Used for Evaluation:

1. Explain and demonstrate how to use items in first aid kit.

2. List body parts and functions.

3. Demonstrate emergency procedures.

4. Describe general guidelines for giving and measuring medicines.

5. List and discuss several different drugs within each category of antibiotics, tranquilizers, anti-convulsants, hormones.

Resources:

American Red Cross Manual of First Aid and Personal Safety.

Hain, F., D. Fransworth and C. Richardson. Living: Health, Behavior and Environment. (5th ed.) Glenview, IL: Scott, Foresman and Co., 1970.

Smith, Bradley and Gus Stevens. The Emergency Book. New York: Simon and Schuster, 1978 (paperback).

Resources:

The Life Project. Harry A. Waisman Center on Mental Retardation and Human Development, CA: Stanfield House Publ., 1976.

58

Curriculum Module Five
Health and Safety

Objective Five

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Objective 5: Student will demonstrate teaching competency in procedures for home and community safety.

Performance Objectives:

5.1 Student will identify common household hazards and illustrate safety rules for each.

5.2 Student will identify major causes of outdoor accidents and methods for remediation.

5.3 Student will demonstrate knowledge of child safety rules and behavior in the community.

Major Concepts:

I. Home Safety
   A. Indoor
      1. Common hazards
      2. Procedures for remediation and prevention
      3. Safety rules and aids
   B. Outdoor
      1. Common hazards
      2. Procedures for remediation and prevention

II. Community Safety
   A. Car and travel safety
      1. Behavior
      2. Equipment
   B. Traffic safety
      1. Recognition of signs
      2. Community services and resources

III. Teaching home and community safety
   A. Use of safety inventories
   B. Help charts and home first aid kits

Teaching Learning Experiences:

1. Lecture/discussion/films

2. Students conduct room by room indoor safety inventory of their own place of residence and list general safety precautions.

Teaching Learning Experiences:

3. Students develop safety charts and checklists for home use.

4. Simulated teaching exercises.

5. Class discussion
   - bicycle and auto safety
   - traffic signs and helpers
   - behavior with strangers

Key Words:

falls
burns
cuts
fire
poisoning
electrical outlets
lighting
safety seat/belt
infant carrier
impact shield
head guard
glass doors
automatic garage doors
guns and firearms
wading pools and swimming pools
rubbish and trash disposal
storage of chemicals, etc.

Curriculum Module Five
Health and Safety

Objective Five

Goal: Student will recognize the basic principles and training skills surrounding health care and safety education for developmentally disabled children and their families.

Activities Which Can Be Used for Evaluation:

1. List precautionary guidelines for indoor and outdoor home safety.

2. Develop sample safety chart or checklist for home use.

3. Demonstrate and discuss safety precautions, etc. in simulated teaching exercise.

Resources:

Greenberg, Henry F. Child Care. Sutherland Learning Associates, CA: Rocom Press, 1975.

Smith, Bradley and Gus Stevens. The Emergency Book. New York: Simon and Schuster, 1978.

Wilkie, Earl. Guide to the Community. Pennsylvania: Elywyn Institute, 1967.

HUMAN SEXUALITY

Course Description

Purpose: To provide an in-depth study of human sexuality and the developmentally disabled with emphasis on attitudinal and early conditioning influence.

Concepts:

A. Clarification of student's attitude toward sexuality and disability.

B. Desensitization techniques for student to gain level of comfort with subject area.

C. Historical overview of society's standards for the disabled.

D. Myths and misinformation regarding sexuality.

E. Current trends and concepts about sexuality and disability.

F. Psycho-social stages of development.

G. Facts on human sexuality (through outside reading).

H. Characteristics of the sex educator.

Curriculum Module Six
Human Sexuality

Objective One

Goal: Student will demonstrate knowledge and skills to increase effectiveness in working with parents and children with developmental disabilities in the area of sexuality.

Objective 1: Student will demonstrate understanding of the goals and reasons for providing human sexuality training to individuals with development disabilities.

Performance Objectives:

1.1 Student will list and discuss the major goals of sex education training.

1.2 Student will define sex education as it relates to the total life of an individual.

1.3 Student will demonstrate understanding of the special needs and characteristics of disabled individuals and their families regarding sex education.

Major Concepts:

I. Definition of sex education
   - A. Relationships
     1. Feelings about self in relation to others
     2. Behavior resulting from feelings
   - B. Physiology of human body
     1. Male/female reproductive roles
     2. Activities and feelings involved
   - C. Understanding erotic feelings and sexual impulses
     1. How they are aroused
     2. Development of self-control
   - D. Kinds of sex education
     1. Environmental
     2. Experimental
     3. Formal

II. Goals of sex education for the developmentally disabled
   - A. Historical overview
     1. Prevention
     2. Inconsistency
     3. Fear
   - B. Current trends and concepts
     1. Normalization
     2. Deinstitutionalization
     3. Mainstreaming
   - C. Major goals of sex education for the developmentally disabled
     1. Knowledge
     2. Appropriate expression
     3. Positive healthy attitude
     4. Protection

62

Major Concepts:

III. Special Considerations
   - A. Need for sex education by the developmentally disabled
     1. Difficulty in obtaining accurate information
     2. Poor reading skills
     3. Confusion
   - B. Concerns of parents
     1. Fears of pregnancy, exploitation involvement with law, lack of sexual outlet for child (sexual aggression)
     2. Consequences of avoidance or repression
     3. Alternatives for parents
   - C. Society and sexuality
     1. Attitudes towards sexuality in general
     2. Myths and misinformation regarding sexuality of developmentally disabled
   - D. Moral and ethical issues
     1. Generally accepted moral standards
        - a. Prevent mistreatment or abuse
        - b. Avoid exploitation
        - c. Assume responsibility for self
     2. Individual morality
        - a. Self-control
        - b. Self-responsibility
        - c. Appropriate expression

Curriculum Module Six
Human Sexuality

Objective One

Goal: Student will demonstrate knowledge and skills to increase effectiveness in working with parents and children with developmental disabilities in the area of sexuality.

Major Concepts:

E. Sexual rights of the developmentally disabled
   1. To receive training, knowledge and supportive services as needed
   2. To enjoy love, express sexual impulses
   3. To have part in decisions such as marriage, children, etc.

Teaching Learning Experiences:

1. Lecture/discussion/readings

2. Values clarification exercies (student attitude toward sexuality of disabled people).

3. Film "Like Other People"

4. Class discussion:
   - myths surrounding sex education for disabled people
   - sexual rights of disabled people
   - Normalization principle
   - parental concerns
   - moral, legal, and social issues

5. Class panel or panel of parents of developmentally disabled children to discuss their general attitudes toward sex education for their child.

Key Words:

affection
judgement
feelings
exploitation
double messages
deviant sexual behavior
sexual integration

Activities Which Can Be Used for Evaluation:

1. List the major goals of sex education training for the developmentally disabled

2. Describe why sex education relates to the total life of the individual.

3. Discuss briefly some of the special needs developmentally disabled persons have in life regarding sex.

4. Respond to the following problem a parent brings to you: "Yes, I need to talk to you about my son, Johnny. As you know, he is only fifteen years old and such a good boy. I found him this morning in bed. He was -- well, you know -- playing with himself. I demanded he stop immediately. I was so shocked. What shall I do?"

5. Discuss the changing attitudes of sex education today.

Resources:

de la Cruz, Felix F. and Gerald LaVick, D.Ed Human Sexuality and the Mentally Retarded. New York: Brunner/Mazel Publishers, 1973.

Gendel, E.S. Sex Education of the Mentally Retarded in the Home. National Association for Retarded Citizens, 1973.

Kempton, Winifred. Guidelines for Training in Sexuality and the Mentally Handicapped. Philadelphia: Planned Parenthood Association of Southeastern Pennsylvania, 1976.

"Like Other People." Society for Mentally Handicapped Children, 86 Newman St., London, England.

Goal: Student will demonstrate knowledge and skills to increase effectiveness in working with parents and children with developmental disabilities in the area of sexuality.

Resources:

Social-Sexual Rights of the Mentally Retarded. Michigan: Michigan Association for Retarded Citizens, 1976.

Wolfensberger, Wolf. The Principles of Normalization in Human Services. Toronto, National Institute on Mental Retardation, 1972.

Curriculum Module Six
Human Sexuality

Objective Two

Goal: Students will demonstrate knowledge and skills to increase effectiveness in working with parents and children with developmental disabilities in the area of sexuality.

Objective 2: Students will recognize attitudinal influences related to psycho-sexual development.

Performance Objectives:

2.1 Student will demonstrate understanding of how sexual attitudes are formed.

2.2 Student will evaluate personal attitudes and how they might affect a teaching relationship.

2.3 Student will demonstrate increased level of comfort and acceptance of individual differences regarding human sexuality.

Major Concepts:

I. Psycho-sexual development
   A. Early conditioning factors
   B. Stages of development

II. Attitudinal influences on sexual development
   A. Evaluation and examination of personal attitudes
   B. Effects of personal attitudes on teaching relationships

Teaching Learning Experiences:

1. Values clarification exercise (student's attitude toward human sexuality).

2. Lecture/discussion
   - psycho-sexual development and attitudinal influences

3. Readings

4. Desensitization exercises:
   - use of "sex language"
   - films and small group discussions (Glide films)

Key Words:

guilt
negativity
shame
ignorance
sexual trauma

Key Words:

punishment
sexual drive

Activities Which Can Be Used for Evaluation:

1. Discuss briefly early conditioning factors in sex education.

2. Describe your personal feelings toward sexual activities of the developmentally disabled.

3. Student will write and present before the class a specific unit on sex education training for developmentally disabled with a focus on:
   a. street language
   b. proper ways to express affection
   c. how to avoid sexual exploitation

Resources:

de la Cruz, Felix F. and Gerald LaVick, D.Ed. Human Sexuality and the Mentally Retarded. New York: Brunner/Mazel Publishers, 1973.

Gendel, E.S. Sex Education of the Mentally Retarded in the Home. National Association for Retarded Citizens, 1973.

Kempton, Winifred. Guidelines for Training in Sexuality and the Mentally Handicapped. Philadelphia: Planned Parenthood of Southeastern PA, 1976.

Curriculum Module Six
Human Sexuality

Objective Two

Goal: Students will demonstrate knowledge and skills to increase effectiveness in working with parents and children with developmental disabilities in the area of sexuality.

Resources:

"Like Other People." Society for Mentally Handicapped Children, 86 Newman St., London, England.

Social-Sexual Rights of the Mentally Retarded. Michigan: Michigan Association for Retarded Citizens, 1976.

Wolfensberger, Wolf. The Principles of Normalization in Human Services. Toronto, National Institute on Mental Retardation, 1972.

Curriculum Module Six
Human Sexuality

Objective Three

Goal: Student will demonstrate knowledge and skills to increase effectiveness in working with parents and children with developmental disabilities in the area of sexuality.

Objective 3: Student will demonstrate teaching skills and factual knowledge in human sexuality.

Performance Objectives:

3.1 Student will demonstrate factual knowledge of human sexuality.

3.2 Student will demonstrate skill in communicating information on sexuality.

3.3 Student will develop teaching plans on basic sex education topics through "concept presentations."

Major Concepts:

I. Factual information on sexuality

II. Teaching skills and techniques
   A. Dramatic play
      1. Pantomime
      2. Improvisation
      3. Role Play
   B. Scarborough approach to teaching handicapped individuals.
   C. Characteristics and responsibilities of sex educator
      1. Working with developmentally disabled
      2. Working with parents

Teaching Learning Experiences:

1. Class lecture/discussion.

2. Test on factual knowledge.

3. Discussion/outside readings (students are expected to fill gaps in knowledge through outside readings).

4. Lecturer from local Planned Parenthood or public health agency or involved parents from organization as Association for Retarded Citizens or Association for the Education of the S/P Handicapped.

5. Role Play
   - Scarborough approach to teaching handicapped individuals (concept presentation).

6. Class discussion
   - characteristics of effective sex educator
   - goals in working with parents
   - teaching techniques and dramatic play

Key Words:

intercourse and reproduction
body parts and functions
puberty
menstruation
masturbation
nocturnal emission
homosexuality
veneral disease
birth control
sex roles
dating
marriage

Activities Which Can Be Used for Evaluation:

1. Outline the factual information on sex you would include in a sex education program for the developmentally disabled.

2. Student will present a short lesson on one specific element of the facts of life. Rest of group will provide objective feedback as to person's comfo[illegible] ease with subject matter, etc.

3. Describe the "Scarborough Approach."

Goal: Student will demonstrate knowledge and skills to increase effectiveness in working with parents and children with developmental disabilities in the area of sexuality.

Resources:

de la Cruz, Felix F. and Gerald LaVick, D.Ed. Human Sexuality and the Mentally Retarded. New York: Brunner/Mazel Publishers, 1973.

Gendel, E.S. Sex Education of the Mentally Retarded in the Home. National Association for Retarded Citizens, 1973.

Kempton, Winifred. Guidelines for Training in Sexuality and the Mentally Handicapped. Philadelphia: Planned Parenthood Association of Southeastern Pennsylvania, 1976.

"Like Other People." Society for Mentally Handicapped Children, 86 Newman St., London, England.

Social-Sexual Rights of the Mentally Retarded Michigan: Michigan Association for Retarded Citizens, 1976.

Wolfensberger, Wolf. The Principles of Normalization in Human Services. Toronto, National Institute on Mental Retardation, 1972.